

State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

2006 Legislative Session Update Early Childhood Proposed Legislation

The 2006 Legislative Session holds promise for promoting the health, safety and learning of children in the early years. The following bills have had a public hearing and are moving through the process.



1. Prevention - Focus on What Works Rather than Crisis

Goal: Connecticut will invest in proven prevention policies to improve child outcomes in health, safety and learning.

Fact: less than 2 percent of the state budget is spent on prevention.

State Prevention Council Report, 2001

- **Raised Bill No. 5254, An Act Concerning Membership of the State Prevention Council and State Agency Prevention Services for Children, Youth and Families in Crisis.** (JF to the Floor of the House)

- 1) The bill seeks to reduce crisis spending and invest in proven

- prevention services that offer improved outcomes for children and youth in health, safety and learning.
- 2) To realign expenditures from crisis to prevention with a target goal of a 10% state investment in prevention services for children, youth and their families by the year 2020. To report on prevention spending in the state budget every two years as part of the

biennial budget to identify policies and programs that promote child health, learning and wellness rather than crisis.

- 3) Increase state accountability to the public in responsible reporting on prevention expenditures and goals.
- 4) Combines the work and goals of the Prevention Council into the work of the Child Poverty Council.

2. Healthy Expectations for All Children

Goal: Connecticut will increase the number of children who are in good health.

Fact: DSS estimates that 80,000 children are uninsured in Connecticut at the same time HUSKY enrollment has declined by 10,000 from June 2004 to July 2005, and it continues to be static.

DSS Medicaid Report, December '05.

- **Senate Bill 201, An Act Concerning the Birth to Three Programs**
Enhance this successful system that offers a coordinated care system for the very young, particularly those at risk of developmental delay. The bill will:
 - 1) Restore eligibility criteria for the Birth to Three Program to include:

children with delays in speech only with some biological risk factors; babies weighing 751-999 grams; children diagnosed with mild speech delay conditions that have a low probability of resulting in developmental delays;

- 2) Establish the threshold for lead paint poisoned children from 45mc//ug to 10mc// based on best available scientific research for optimal treatment of learning and developmental delays; and
- 3) Require standards for licensing of personnel.
(No Action)

- **Raised Bill No. 475, An Act Concerning Revisions to the Husky Plan, Part A and Part B.**
- **Proposed Substitute Bill No. 5595, An Act Concerning the Healthy Kids Initiative.**



The bills make it easier for children and families to enroll and stay enrolled in the HUSKY A and Part B health insurance program. It eliminates many administrative barriers that have impacted children's access to health care. Specifically the bill:

- 1) Restores self-declaration of income and continuous eligibility,
- 2) Eliminates co-pays and appropriates money to the Department of Social Services for outreach and marking of the HUSKY program.

Additionally, Bill No. 5595 includes the following provisions:

- 1) Determines that physicians licensed in the state who do not have a contract with a third party payer or who treats the uninsured can only charge fees that do not exceed 200% of those fees allowed by the federal Medicaid Program;
- 2) Requires physicians to post the cost of procedures in public view;
- 3) Creates a physician report card system;
- 4) Provides for health insurance policies to include use of mail order pharmacy;
- 5) Establishes a Medical Home Pilot in one region of the state to evaluate the efficiency of direct reimbursement to primary care physicians for case management and care coordination for children on HUSKY, including children with special health care needs; and
- 6) Provides \$100,000 for HUSKY marketing.

- **Raised Bill No. 396, An Act Implementing a Comprehensive Plan to Eradicate Childhood Lead Poisoning in this State**

Fact: Currently 1,500 children are lead poisoned in Connecticut each year.

Department of Public Health Report '05

Key components of the bill:

- 1) Universal screening represents the best scientific policy recommendations coming from the national Academy of Pediatrics and promoted by the Connecticut Health Department. Currently there is a Federal Mandate that requires lead screening for all Medicaid children during early childhood pediatric appointments, i.e. at 12 months, and 24 months and for children under six who have not been screened.

2) Early Notification- requires reporting of lead testing results of ten micrograms per deciliter (10mc//ug) of blood or any other abnormal body burden of lead to the Commissioner of Public Health and requires the physician to notify the parents within 72 hours of the test results.

3) Remediation

- Continues the current policy of requiring remediation and or abatement of lead hazards when a child has a blood lead level of 20mc//ug.
- Establishes in the Department of Community and Economic Development a separate account to help property owners pay for lead hazard reduction.
- Requires stricter requirements for removal of lead paint from exterior surfaces. Recommend adding and or “remediation” of the lead hazard in Sections 11-14.

4) Education-

- Requires the Birth to Three program and Special Education programs to serve more pro-actively children suffering the affects of lead paint poisoning.
- Requires the Department of Education to develop specific training for educational professionals involved with implementing the IDEA requirements ensure that the needs of this population are met. The bill also adds lead paint poisoning information on school physicals.

5) Insurance

- Provides that group insurance policies cover blood screening and risk assessments ordered by a primary care provider. This will ensure appropriate medical care

and follow up that is so important to management of the illness.

- **Raised Bill 5634, An Act Concerning State Enhancement to the Federal Supplemental Food Program for Women, Infants and Children.**

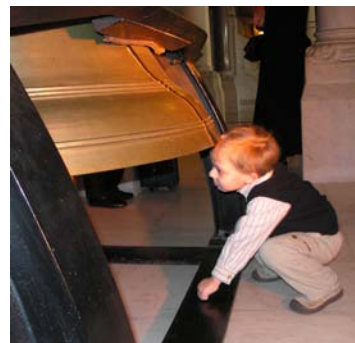
The bill seeks state funding to support the WIC program that provides supplemental food, nutrition education and health care referral services to pregnant women, infants and young children under age five from low income families.

- **Raised Bill No. 5790, An Act Concerning Access to Oral Health Care**

The bill would increase reimbursement rates for dentists who provide dental services under the state’s medical assistance program or the HUSKY Plan to improve access to oral health care.

- **Raised Bill No. 622, An Act Concerning Community-Based Mental Health Care**

The bill established the following: two or more pilots for general pediatric, family medicine and geriatric health care professionals to improve their ability to identify, diagnose, refer and treat patients with mental illness. It calls for allocating \$1 million to be appropriated to the Dept. of Children and Families for FY ending June 30, 2007, for the Early Childhood Consultation Program.



3. Early Reading Success

Goal: Every child is reading at grade level by fourth grade.

Fact: Six in ten (62%) Connecticut 4th graders are not proficient in reading.

2005 National Assessment of Educational Progress

- **Raised Bill 5644, An Act Concerning Teacher Preparation for Reading Teachers**

The bill requires the Commissioners of Higher Education and Education to include in teacher certification course requirements a strong research based curriculum on the competencies needed to teach reading, especially for teachers in K-third grade. Curriculum should be based on the Reading Blueprint enacted in law in 1997 that sets out the skills and knowledge teachers need to teach reading. Attention to the science of teaching reading will help address the continued decline in reading scores on the CMT tests. In 2005 Connecticut ranked worst in the nation in the “poverty gap proficiency” on the NAEP tests, with 71% of Hispanic/Latino children taking the CMT not having proficiency in reading and 65% of African-American children.



- **Senate Bill 407, An Act Concerning Reading Programs in Priority School Districts**

The bill strengthens the effectiveness of the Early Reading Success Grant

Program that provides approximately \$20 million to the Priority School Districts to improve academic achievement in grades K-3. Specifically, the reading interventions required by statute for children with reading difficulty to begin in grades one, two and three rather than four and six. Evaluations for a child with reading difficulty are not limited to mid-year evaluations and reading plans are to be implemented immediately

4. Early Care and Education

Goal: Children have access to quality early care and education to achieve school readiness.

Fact: Federal Reserve Bank economists conclude that early childhood development has a 16% return on investment. The State Department of Education reports that in October 2005, 7,392 three and four year old children were receiving preschool and 6,900 were in priority school districts. Approximately 9,700 children in the 19 Priority School Districts are not being served.

Several bills address the importance of quality educational experiences in the early years.

- **Raised Bill 626, An Act Concerning Educational Policy Concerning School Readiness**

The bill enhances the School Readiness program including:

- 1) Restoring lost school readiness slots to 14 towns and providing additional funds to maintain and grow the program;
- 2) Allows quality enhancement dollars to be used for the new NAEYC accreditation standards mandated for participating school readiness providers. Currently there are 259 programs that need

- to seek re-accreditation in the first half of 2007;
 - 3) Allocates \$100,000 for the technical assistance of sites to meet the new standards;
 - 4) Allows 4% of the preschool program's budget for quality enhancement. Overall quality enhancement funding for School Readiness priority school districts decreased from \$1.9 million in FY 1999-2000 to \$1.1 million in FY 2005-2006, a decrease of approximately 58% over the past six years; and
 - 5) Allows quality enhancement dollars to be used for homeless children in shelters to begin to address the developmental needs of the approximately 13,000 children living in shelters in any given year.
- **House Bill 5517, An Act Concerning Universal Preschool**

The bill calls for the phase in of universal preschool for children ages three and four in the public school system in the next two years, allowing for two and one half hour day program.
- **Senate Bill 376, An Act Concerning Full-Day Kindergarten**

The bill allocates to each priority school district \$250,000 to establish full day kindergarten.



- **House Bill 5513, An Act Concerning Parent Involvement**

The bill requires each school district to include in the mandated school profile a report on policies and practices concerning parent involvement in the education of their child.
- **Raised Bill 5500, An Act Concerning School Readiness for Homeless Children**

The bill seeks to establish a new grant program administered by the Department of Social Services to address the physical, emotional and learning needs of children living in shelters by providing funds to have on site developmentally appropriate play groups; and access to community programs including birth to three services and early care and education programs. The bill seeks \$150,000 for the Department of Social Services to administer the program.
- **Raised Bill 480, An Act Concerning Child Care**

The bill modifies the definition of home health care agency to allow reimbursement under the Medicaid program for children who require therapies, to receive such therapies at facilities providing child day care services or after school programs, establishes parity in the rates paid to state-funded child care centers and school readiness programs and increases rates paid to state-funded child care providers participating in the Care4Kids program.



5) Positive Youth Development - Youth Stay on Course

Goal: Youth Succeed in School, Make Good Decisions and Enter the Workforce Ready

Fact: In 2004, the cumulative drop out rate was 8.8 % and in our most at risk districts (ERG I) the rate is more than 20%).

- **R.B. 5516, An Act Concerning After School**

The bill allocates \$5 million dollars for the After School Grant to ensure quality after school opportunities for children and youth while parents work and school has ended to bolster social skills, cognition, and to decrease loitering, drug and sexual experimentation.

- **R. B. 5532, An Act Concerning Youth Policy**

The bill establishes a Youth Futures Committee led by the Connecticut Employment and Training Committee through the Office of Workforce Competitiveness to develop a comprehensive youth policy to better coordinate and leverage resources to serve youth ages 12-21 years of age. The bill embeds positive youth development goals to guide public policy decisions and hold systems accountable for results. Goals include reduced juvenile delinquency; increased high school graduation and post secondary education; increased apprenticeship.

